

# **EPSDT Audiology and Hearing**

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# EPSDT Audiology and Hearing

## PURPOSE

This document will clarify the process to acquire hearing aids and audiology services through the Early Periodic Screening Diagnosis and Treatment (EPSDT) program. EPSDT services are available to Medicaid/FAMIS Plus members under 21 years of age and fee for service (FFS) FAMIS members under the age of 19. Individuals aged 19 or 20 who are covered under Medicaid expansion are eligible for EPSDT. Managed Care enrolled FAMIS children are not eligible for the full scope of EPSDT services; however the managed care organizations (MCO) cover Audiological and Hearing Services for FAMIS enrolled children. The contact information for MCOs can be found at [www.virginiamanagedcare.com](http://www.virginiamanagedcare.com) Hearing and Audiology services are available to eligible children who have demonstrated a medical need for hearing devices and ongoing Audiology services.

## BACKGROUND/DISCUSSION

EPSDT is a Federal law (42 CFR § 441.50 et seq) that requires state Medicaid programs to assure that health problems for individuals under the age of 21 are diagnosed and treated as early as possible, before the problem worsens and treatment becomes more complex and costly. EPSDT requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. EPSDT is geared to the early assessment of children's health care needs through periodic screenings. Examination and treatment services are provided at no cost to the individual.

Section 1905(r)(5) of the Social Security Act (the Act) requires that any medically necessary health care service listed at section 1905(a) of the Act be provided to a Medicaid eligible individual through EPSDT even if the service is not available under the State's Medicaid plan to the rest of the Medicaid population. Any treatment service which is not otherwise covered under the State's Plan for Medical Assistance may be covered for a child through EPSDT as long as the service is allowable under the Social Security Act Section 1905(a) and the service is determined by DMAS, its service authorization contractor or a DMAS-contracted managed care organization (MCO) to be medically necessary. Determination of whether a service is medically necessary must be made on a case-by-case basis, taking into

account a particular child's needs.

## DEFINITIONS

**Analog Hearing Aids** - These hearing devices use a traditional analog signal processor that allows minimal modifications by an audiologist. Analog hearing aids use older technology, and are no longer recommended for children.

**Audiologist** - A licensed professional who engages in the practice of audiology as defined by § 54.1-2600 of the Code of Virginia. "Audiology" means services provided by a qualified audiologist licensed by the Board of Audiology and Speech-Language Pathology and includes: the practice of conducting measurement, testing and evaluation relating to hearing and vestibular systems, including audiologic and electrophysiological measures, and conducting programs of identification, hearing conservation, habilitation, and rehabilitation for the purpose of identifying disorders of the hearing and vestibular systems and modifying communicative disorders related to hearing loss including but not limited to vestibular evaluation, electrophysiological audiometry and cochlear implants. Any person offering services to the public under any descriptive name or title which would indicate that audiology services are being offered shall be deemed to be practicing audiology.

**BICROS** - "Bilateral Contralateral Routing of Signal" type hearing aid.

**BTE** - "Behind The Ear" hearing aid

**Centers for Medicare and Medicaid Services (CMS)** - The federal agency that administers the Medicare, Medicaid and State Child Health Insurance programs.

**CIC** - "Completely In the Canal" type of hearing aid.

**CROS** - “Contralateral Routing of Signal” type hearing aid.

**Diagnostic and Treatment Services** - Other necessary health care, diagnostic services, treatment and other measures listed in the Federal Medicaid statute, to correct and ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not they are covered in the state Medicaid plan. The state may determine the medical necessity of the service and subject the service to service authorization for purposes of quality management review.

**DMAS** - The Virginia Department of Medical Assistance Services. DMAS is the state Medicaid agency and is responsible for administering the Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) benefit.

**EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) -**

a Federal law (42 CFR § 441.50 et seq) that requires state Medicaid programs to assure that health problems for individuals under the age of 21 are diagnosed and treated as early as possible, before the problem worsens and treatment becomes more complex and costly. EPSDT requires a broad range of outreach, coordination, and health services under EPSDT distinct from general state Medicaid program requirements. EPSDT is geared to the early assessment of children’s health care needs through periodic screenings. Examination and treatment services are provided at no cost to the individual.

**EPSDT Screener** - DMAS enrolled or contracted Medicaid Managed Care Organization (MCO) enrolled Physician, Physician’s Assistant, or Nurse Practitioner.

**EPSDT Screening** - EPSDT screening services contain the following five (5) elements:

- A comprehensive health and developmental history, including assessment of both physical and mental health and development;
- A comprehensive unclothed physical examination;
- Appropriate immunizations according to the ACIP (Advisory Committee on Immunization Practice) schedule;
- Laboratory tests, (including blood level assessment);
- Each encounter must be appropriate for age and risk factors, and Health education,

including anticipatory guidance.

**ITC:** In the Canal type of hearing aid.

**ITE:** “In The Ear” type of hearing aid.

**FAMIS:** FAMIS is Virginia’s State Children’s Health Insurance Program (SCHIP) program that helps families who are over the income limits for Medicaid, provide health insurance to their children. FAMIS stands for Family Access to Medical Insurance Security Plan. FAMIS is a separate federal program from Medicaid and is covered by Title XXI of the Social Security Act. Children enrolled in FAMIS are eligible for hearing aid and audiological services that are equitable to Medicaid coverage.

**Fee for Service and Managed Care:** DMAS provides Medicaid to individuals through two delivery programs: a program utilizing contracted managed care organizations (MCO) and fee-for-service (FFS), which is the standard Medicaid program that uses the DMAS provider network to receive healthcare services. “FAMIS fee for service” members are eligible for EPSDT benefits when there is no Managed Care Organization that is contracted to serve their geographic region.

**Licensed Hearing Aid Specialist:** A person who engages in the practice of fitting and dealing in hearing aids or who advertises or displays a sign or represents himself as a person who practices the fitting and dealing of hearing aids. A Hearing Aid Specialist is licensed in Virginia by the Department of Professional and Occupational Regulation. Board for Hearing Aid Specialists and Opticians for the practice of fitting and dealing in hearing aids, as defined in § 54.1-1500 of the Code of Virginia.

**Inter-periodic screenings:** These are screenings that are provided outside of and in addition to the regular periodic screenings in the periodicity schedule above. For example, the PCP may choose to screen adolescents ages 11-20 in accordance with the AAP schedule rather than biannually as required by the current DMAS periodicity schedule. Any medical provider or a qualified health, developmental or educational professional who comes in contact with the child outside of the formal health care system may request that an inter-periodic screening be performed by the PCP or other screening provider.

**Otolaryngologist:** A licensed physician specializing in ear, nose and throat disorders.

**Service Authorization:** The process of determining whether or not the service request meets all criterion for that service and gives authority to providers to allow reimbursement for services. Providers and individuals are notified of each service authorization decision with a system-generated notice. Service authorizations for FFS members are obtained at KePRO. Service authorizations for Managed Care members must be obtained through the MCO.

**State Plan for Medical Assistance** or “the Plan”: The federally approved plan outlining Virginia’s Medicaid covered groups, covered services and their limitations, and provider reimbursement methodologies as provided for under Title XIX of the Social Security Act.

**Third Party Liability (TPL):** When insurance other than Medicaid owned by the individual or purchased on the individual’s behalf; may be liable for coverage of the requested Medicaid service. TPL must be billed for hearing and audiology services prior to billing Medicaid.

## PROVIDER REQUIREMENTS

### Audiology

Audiology services can be provided by an Otolaryngologist or a licensed Audiologist.

An Otolaryngologist must have a current license as a physician with a specialty in Ear Nose and Throat medicine. An audiologist must have a current license from the Board of Audiology and Speech-Language Pathology.

Audiology services are not reimbursable by DMAS when provided by nursing staff or a hearing aid specialist without a license in audiology.



## Hearing Aids

All Hearing Aid dispensing providers must be licensed as a Hearing Aid Specialist by the Department of Professional and Occupational Regulations through the Board of Hearing Aid Specialists. Any professional who is a licensed audiologist or an otolaryngologist must have an additional license as a Hearing Aid Specialist in order to dispense hearing aids through DMAS.

Individuals who are licensed only as a Hearing Aid Specialist may enroll as a Hearing aid provider. Audiologists and other agency types may enroll separately as a hearing aid provider at their discretion in order to provide hearing aids.

If a licensed professional, a hearing aid specialist, or an agency that employs a hearing aid specialist wants to participate as an EPSDT Hearing Aid Provider, they can find the DMAS provider application on the DMAS website at [www.virginiamedicaid.dmas.virginia.gov](http://www.virginiamedicaid.dmas.virginia.gov) under Provider Services, then select Provider Enrollment.

Providers may also apply by contacting Provider Enrollment at:

Virginia Medicaid – PES

P.O. Box 26803

Richmond, Virginia 23261-6803

Telephone Numbers:

(804) 270-5105 local

(888) 829-5373 toll free

Fax Number: (888) 335-8476

## **ELIGIBILITY CRITERIA**

EPSDT services are available to Medicaid/FAMIS Plus members under 21 years of age and FAMIS fee for service members under the age of 19. Individuals aged 19 or 20 who are covered as part of Medicaid expansion are eligible for EPSDT. Audiology and hearing aid services are provided to EPSDT eligible persons who have demonstrated a medical need for Audiology and Hearing Aid Services. An audiology evaluation is necessary to evaluate the need for treatment. DMAS will reimburse for audiological evaluations without service authorization.

1. The individual must be enrolled in Medicaid/FAMIS Plus or FAMIS Fee for Service;
2. Audiology services are available based on referrals from outside agencies, schools and caregivers;
3. All hearing aids require a referral from the primary care physician or otolaryngologist;
4. Hearing Services must be provided through Hearing Aid Specialists, Audiologists, and Otolaryngologists who are currently licensed as a hearing aid specialist who have current participation agreements with DMAS.

## **SERVICE INITIATION AND REFERRAL PROCESS**

Children under 18 years of age cannot be fitted with a hearing aid(s) unless the licensed Hearing Aid Specialist has been presented with a written statement signed by a licensed physician stating the child's hearing loss has been medically evaluated and the child may be considered a candidate for a hearing aid. The medical evaluation must have taken place within the preceding six months. The DMAS-352 form must be used to document the physician authorization and this form must be retained by providers related to all claims for new hearing aids.

All audiology and hearing aid services should be reported by the provider of services to the individual's primary physician and any other referring physicians or agencies to promote a medical home model of care and to allow the primary physician to be informed of these services as they may apply to all treatment services for the individual.

### Hearing Services Referral Process

1. Evaluation by an Otolaryngologist, and/or audiologist to determine whether a hearing loss exists and the cause of the loss;
2. Medical intervention for correctable hearing losses by the physician;
3. Evaluation for hearing devices by an Otolaryngologist, and/or audiologist as appropriate to the type of hearing loss;
4. Referral to Hearing Aid Specialist for device acquisition per Virginia Hearing Aid Specialist regulations;
5. Device ordering/service authorization as appropriate; and
6. Fitting and assessment of the hearing aid by an Audiologist and/or Hearing Aid Specialist;
7. Dispensation and fitting activities, instruction and follow up care of the hearing aid for the manufacturer's standard warranty period.

### Audiology and Hearing Aid Services for Individuals in Managed Care Organizations

DMAS, its contracted MCOs and their providers have the responsibility to provide EPSDT diagnostic and treatment services to all Medicaid/FAMIS Plus members under age 21. The full scope of EPSDT treatment is available to all children of Medicaid/FAMIS Plus regardless of their chosen MCO. Therefore, the EPSDT benefit is consistently available to all children enrolled in Medicaid/FAMIS Plus. The EPSDT screenings, treatment, and diagnostic benefits are the same whether they are provided through the member's MCO provider network or through FFS provider network.

EPSDT audiology and hearing aid services are included in the services provided by a DMAS-contracted MCO. If an individual who is enrolled with a MCO requires audiology and hearing aid services the individual must contact the MCO medical management office to initiate audiology and hearing aid services.

Managed Care enrolled FAMIS children are not eligible for the full scope of EPSDT services; however the managed care organizations (MCO) cover Audiological and Hearing Services for FAMIS enrolled children.

The Contact information for MCOs can be found at [www.virginiamanagedcare.com](http://www.virginiamanagedcare.com)

## SERVICE AUTHORIZATION REQUIREMENTS

Service Authorization for FFS members for hearing aid services is obtained through DMAS' Service Authorization Contractor, KePRO. DMAS requires service authorization for all hearing aids that do not have a reimbursement rate assigned (refer to the billing and exhibit section of this document) to their respective HCPCS code. If a device does not have a reimbursement rate or when the service frequency exceeds the allowed units for that device type then the device requires service authorization. Hearing Aid Assessments do not require service authorization. If the reimbursement amount is listed as \$0, then the provider can bill DMAS directly for that service. Devices that cost the provider beyond the assigned rate must be service authorized.

For example: the exceptions to this policy might be hearing devices which are required as part of a Bone Anchored Hearing (BAHA) system, hearing aids which are part of a cochlear implant, or FM Systems, or a repair cost that exceeds the allowance for V5014. Medical necessity will be reviewed for such instances to determine if the individual's hearing can be augmented appropriately with the use of lower cost items. In such cases service authorization is required and the device function must be documented using objective measurements by a professionally calibrated instrument appropriate to measure the function of the device.

Request for new hearing devices (new hearing aids) must contain the following:

1. Completed DMAS-352, signed by a physician including HCPCS codes for all related services;
2. Most recent audiological evaluation report;
3. Quote from supplier to document provider's wholesale cost or cost description for requests to exceed allowed reimbursement rates; and
4. Discuss reasons for exceptional coverage requests.

Requests for special cost consideration or repairs must contain the following:

1. Quote from supplier to document provider's wholesale cost or cost description for requests to exceed allowed reimbursement rates and

## 2. Discuss reasons for exceptional coverage requests

Timeliness for provider submission does not apply:

- Hearing aid requests may be submitted by the provider after the hearing aid/related devices item/service has been delivered.
- Service authorization approvals that are completed prior to the hearing aid service being rendered are approved for the dates of service requested by the provider; 1 unit and 30 days or multiple units for up to six months.
- Administrative denials would occur if the provider did not respond to a pending request for initial clinical information.

Providers must submit requests when they are aware of the need for the hearing aid/service. Providers should expect a response from KePRO within 3 business days of receipt. If the service request is approved, DMAS will provide a service authorization number to the provider for use in claims. If the request is denied, notification will be sent to the provider and the member and appeal rights will be provided.

There are no automatic renewals of service authorizations. Providers must submit a service authorization request if a member requires continued services or the current authorization will end without renewal. Prior to the end of the current service authorization period, if the member continues to need services, the provider must submit a request within 14 days of the current service authorization expiration. This action avoids any gap in service.

Refer to the EPSDT Manuals, Service Authorization Appendix A, for further information regarding service authorization, submittal of requests and service specific details.

### MCO Service Requests

MCO members must request hearing aids through their respective MCO.

## **COVERED SERVICES AND LIMITATIONS**

## Audiology

Audiological evaluations are covered without service authorization using the most current standard CPT codes. The list of covered services including service frequency limits are listed in the claims and billing section of this document.

DMAS will cover the full range of evaluative services for otolaryngology and audiology functioning. Audiology services must be provided by a licensed Audiologist or Otolaryngologist. Outpatient clinic-based services may be provided under the direction of a physician and billed as an outpatient clinic service. When medically necessary, multiple assessments are allowed on the same day of service.

A qualified Audiologist may provide the following services:

- Identification of children with hearing loss;
- Determination of the range, nature, and degree of hearing loss, including referral for medical or other professional attention for the rehabilitation of hearing;
- Referral for genetic counseling;
- Rehabilitation for the purpose of identifying disorders of the hearing and vestibular systems;
- Provision of treatment and therapeutic activities, such as language habilitation, auditory training, speech reading (lip-reading), hearing evaluation, and speech conservation, treatment related to cochlear implants;
- Creation and administration of programs for prevention of hearing loss;
- Guidance of children, parents, and teachers regarding hearing loss; and
- Determination of children's needs for group and individual amplification, selecting and fitting an appropriate aid, evaluating the effectiveness of amplification.

## Hearing Aids and Related Devices

Hearing aids are a benefit available exclusively to individuals under the age of 21. All hearing aids without assigned rates as listed in this document and assistive devices such as FM systems require service authorization. Hearing aid dispensation, fitting fees, device related repairs and supplies do not require service authorization.

Hearing aid dispensing is allowed once each time a new hearing device is authorized and also when a hearing aid is replaced by the dispenser through a manufacturer's loss and damage policy.

A new hearing aid is allowed every 5 years. If a member requires a new device within 5 years then service authorization is required. Service authorization decisions are based on McKesson InterQual® criteria to determine medical necessity.

#### Modifications to Criteria:

- Adult >17 years change to Adult 21 years of age and older
- Pediatric ≤ 17 years change to Pediatric under 21 years
- Any modifications made to McKesson InterQual® by DMAS Medical Director

Ear molds (V5264) and supplies (V5267) such as cleaning kits for the hearing aid are allowed with each new hearing aid. Ear molds and supplies are billed using separate codes from the main hearing aid code and do not require service authorization. Ear molds (V5264) can be made and billed as often as warranted due to child's growth and acoustic needs. Supplies (V5267) can be billed twice (2) per year under the service limit. Refer to the "Exhibits" section in this manual for tables listing DMAS approved codes, service limits, rates and codes requiring service authorization by KePRO.

#### Warranties, Repairs and Supplies

1. New hearing aids must carry the manufacturer's standard defect warranty and the loss and damage warranty.
2. DMAS will reimburse for repairs and an extended warranty fee using the hearing aid repair HCPCS code V5014. When a repair costs more than the DMAS allowed charge per unit, the additional amount requires service authorization. A maximum of two repairs are allowed per year (per affected ear). Repair charges are not allowed when the manufacturer's original warranty is in effect.
3. Six batteries per ear per month are allowed. For example = 36 units for six months for one ear or 72 units for six months for two ears. Each month's allowance must be listed separately on the claim form. Providers should bill the maximum allowance of six units within the calendar month.

#### **DOCUMENTATION REQUIREMENTS**

### Audiology Documentation

Documentation for audiology assessment, evaluation and treatment services must be kept in the members' record and must include the following:

1. Any assessments and/or evaluation reports including documentation of correspondence with the medical home for the member;
2. The testing methods used in the hearing aid evaluation including real ear measurements;
3. A plan of care specifically designed for the member who is receiving treatment services. Treatment notes include the anticipated level of functional improvement and documentation of functional improvements, any therapeutic interventions to be addressed by the audiologist, and identification of a discharge and/or maintenance plan; and
4. Recommendations for follow-up care must be noted in reports to physicians or others involved in the members care.

### Hearing Aid Documentation

All hearing aids require a referral from the primary care physician or otolaryngologist in order to meet federal EPSDT requirements. This can be completed using the DMAS-352 Certificate of Medical Necessity (CMN). Forms are available at: <https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderFormsSearch>.

### DMAS 352 Documentation Requirements:

- Demographic data including provider identification information is entered in section I;
- Member information including diagnosis codes are entered in section II;
- Device/Equipment are indicated in section III;
- Request information must include the specific HCPCS code and the quantity for the prescribed hearing aid in section III; and
- The ordering physicians name, signature, and National Provider Identifier I.D.# are provided in section IV.

### Ongoing Service Documentation:

- The date and necessity for services such as repairs, maintenance of devices and compliance with warranty requirements by the member and the supplying manufacturer;

- Reasons for fitting fee and dispensation related services;
- Reasons for new ear molds;
- Documentation of all supply ordering and delivery of each hearing device and supply provided;
- Documentation of all hearing aid checks and associated real ear measurements; and
- Documentation of all follow-up care for persons with cochlear implants.

## EXHIBITS

### DMAS Hearing Aid and Audiology Reimbursement Codes

#### Hearing Aid Codes Authorized by Service Authorization Contractor/KePRO

### DMAS Hearing Aid and Audiology Reimbursement Codes

Proc Codes	DMAS Hearing Program Current Procedural Codes Service Description	Service Limit
<b>HCPCS</b>	<i>**Devices use HCPCS system, assessment uses CPT</i>	
V5008	Hearing Screening	Use CPT
V5010	Assessment For Hearing Aid	Use CPT
V5010	Assessment For Hearing Aid	Use CPT
V5011	Fitting, Orientation/ Checking Of Hearing Aid	4 per year
V5014	Repair/Modification Of Hearing Aid	2 per year
V5020	Conformity Evaluation	N/A
V5030	Hearing Aid, Monaural, Body Worn, Air Conduction	1 per 60 mos
V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction	1 per 60 mos
V5050	Hearing Aid, Monaural, In The Ear (Ite)	1 per 60 mos
V5060	Hearing Aid, Monaural, Behind The Ear (Bte)	1 per 60 mos
V5070	Glasses, Air Conduction	1 per 60 mos
V5080	Glasses, Bone Conduction	1 per 60 mos
V5090	Dispensing Fee, Unspecified Hearing Aid	1 per 60 mos
V5095	Semi-Implantable Middle Ear Hearing	1 per 60 mos
V5100	Hearing Aid, Bilateral, Body Worn	1 per 60 mos
V5110	Dispensing Fee, Bilateral	1 per 60 mos
V5120	Binaural, Body	1 per 60 mos
V5130	Hearing Aid, Binaural, Ite	1 per 60 mos

V5140	Hearing Aid, Binaural, Bte	1 per 60 mos
V5150	Binaural, Glasses	1 per 60 mos
V5160	Dispensing Fee, Binaural	1 per 60 mos
V5170	Hearing Aid, Cros, In The Ear	1 per 60 mos
V5180	Hearing Aid, Cros, Behind The Ear	1 per 60 mos
V5200	Dispensing Fee, Cros	1 per 60 mos
V5210	Hearing Aid, Bicros, In The Ear	1 per 60 mos
V5220	Hearing Aid, Bicros, Behind The Ear	1 per 60 mos
V5241	Dispensing Fee, Monaural Hearing Aid, Any Type	1 per 60 mos
V5242	Hearing Aid, Analog, Monaural, Cic (Completely In The Ear Canal)	1 per 60 mos
V5243	Hearing Aid, Analog, Monaural, Itc (In The Canal)	1 per 60 mos
V5244	Hearing Aid / Digitally Programmable Analog / Monaural / CIC	1 per 60 mos
V5245	Hearing Aid / Digitally Programmable Analog / Monaural / ITC (Canal)	1 per 60 mos
V5246	Hearing Aid / Digitally Programmable Analog / Monaural / ITE (In-the-Ear)	1 per 60 mos
V5247	Hearing Aid / Digitally Programmable Analog / Monaural / BTE (Behind-the-Ear)	1 per 60 mos
V5248	Hearing Aid, Analog, Binaural, CIC	1 per 60 mos
V5249	Hearing Aid, Analog, Binaural, ITC	1 per 60 mos
V5250	Hearing Aid / Digitally Programmable / Analog /Binaural /CIC (Completely in Canal)	1 per 60 mos
V5251	Hearing Aid / Digitally Programmable / Analog /Binaural /ITC (Canal)	1 per 60 mos
V5252	Hearing Aid / Digitally Programmable / Analog /Binaural /ITE (In-the-Ear)	1 per 60 mos
V5253	Hearing Aid / Digitally Programmable / Analog /Binaural /BTE (Behind-the Ear)	1 per 60 mos
V5254	Hearing Aid, Digital, Monaural, CIC	1 per 60 mos
V5255	Hearing Aid, Digital, Monaural, ITC	1 per 60 mos
V5256	Hearing Aid, Digital, Monaural, ITE	1 per 60 mos
V5257	Hearing Aid, Digital Monaural BTE	1 per 60 mos
V5258	Hearing Aid, Digital, Binaural, CIC	1 per 60 mos
V5259	Hearing Aid, Digital, Binaural, ITC	1 per 60 mos
V5260	Hearing Aid, Digital, Binaural, ITE	1 per 60 mos
V5261	Hearing Aid, Digital, Binaural, BTE	1 per 60 mos
V5262	Hearing Aid / Disposable / Any Type / Monaural	1 per 60 mos
V5263	Hearing Aid / Disposable / Any Type / Binaural	1 per 60 mos
V5264	Ear Mold/ Insert, Not Disposable, Any Type	2 per 3 mos
V5266	Battery For Use In Hearing Device	6 per month
V5267	Hearing Aid Supplies	2 per year
V5273	Assistive Listening Device Cochlear Implant Type	1 per 60 mos
V5274	Assistive Listening Device (Not Otherwise Classified)	1 per 60 mos
V5275	Ear Impression, Each	not covered
V5281	Assistive Listening Device, FM system, Monaural	1 per 60 mos
V5282	Assistive Listening Device, FM system, Binaural	1 per 60 mos
V5283	Assistive Listening Device, FM /DM Neck, loop induction receiver	1 per 60 mos
V5284	Assistive Listening Device, FM /DM, ear level receiver	1 per 60 mos
V5285	Assistive Listening Device, FM /DM, direct audio input	1 per 60 mos
V5286	Assistive Listening Device, personal FM /DM blue tooth receiver	1 per 60 mos
V5287	Assistive Listening Device, personal FM /DM receiver, not otherwise classified	1 per 60 mos
V5288	Assistive Listening Device, personal FM /DM transmitter, assistive listening device	1 per 60 mos
V5289	Assistive Listening Device, Personal FM/DM Adapter/Boot coupling Device for receiver, any type	1 per 60 mos
V5290	Assistive Listening Device, Transmitter or Microphone, any type	1 per 60 mos
V5298	Hearing Aid, Not Otherwise Classifi	1 per 60 mos
V5299	Hearing Service, Miscellaneous	1 per 60 mos

HEARING ASSESSMENT AND EVALUATION CODES		
CPT PROC CODES	PROCEDURE DESCRIPTION	Service Limits
92551	Screening Test, Pure Tone, Air Only	N/A
92552	Pure Tone Audiometry (Threshold); A	N/A
92553	Pure Tone Audiometry (Threshold); A	N/A
92555	Speech Audiometry Threshold;	N/A
92556	Speech Audiometry Threshold; With S	N/A
92557	Comprehensive Audiometry Threshold	N/A

92559	Audiometric Testing Of Groups	N/A
92560	Bekesy Audiometry; Screening	N/A
92561	Bekesy Audiometry; Diagnostic	N/A
92562	Loudness Balance Test, Alternate Bi	N/A
92563	Tone Decay Test	N/A
92564	Short Increment Sensitivity Index (	N/A
92565	Stenger Test, Pure Tone	N/A
92567	Tympanometry (Impedance Testing)	N/A
92568	Acoustic Refl Threshold Tst	N/A
92569	Acoustic Reflex Decay Test	N/A
92571	Filtered Speech Test	N/A
92572	Staggered Spondaic Word Test	N/A
92573	Lombard Test	N/A
92575	Sensorineural Acuity Level Test	N/A
92576	Synthetic Sentence Identification T	N/A
92577	Stenger Test, Speech	N/A
92579	Visual Reinforcement Audiometry (Vr	N/A
92582	Conditioning Play Audiometry	N/A
92583	Select Picture Audiometry	N/A
92584	Electrocochleography	N/A
92585	Auditory Evoked Potentials For Evok	N/A
92586	Auditory Evoked Potentials For Evok	N/A
92587	Evoked Otoacoustic Emissions; Limit	N/A
92588	Evoked Otoacoustic Emissions; Compr	N/A
92589	Central Auditory Function Test(S) (	N/A
92590	Hearing Aid Examination And Selection Monaural	N/A
92591	Hearing Aid Examination And Selection Binaural	N/A
92592	Hearing Aid Check; Monaural	6 per year
92593	Hearing Aid Check; Binaural	6 per year
92594	Electroacoustic Evaluation For Hear	N/A
92595	Electroacoustic Evaluation For Hear	N/A
92596	Ear Protector Attenuation Measureme	N/A
92597	Evaluation For Use And/Or Fitting Of Voice Prosthesis	N/A
92601	Diagnostic Analysis Of Cochlear Imp	N/A
92602	Diagnostic Analysis Of Cochlear Imp	N/A
92603	Diagnostic Analysis Of Cochlear Imp	N/A
92604	Diagnostic Analysis Of Cochlear Imp	N/A
92620	Auditory Function, 60 Min	N/A
92621	Auditory Function, + 15 Min	N/A
92625	Tinnitus Assessment	N/A
92626	Eval Aud Rehab Status	N/A
92627	Eval Aud Status Rehab Add-On	N/A
92630	Aud Rehab Pre-Ling Hear Loss	N/A
92633	Aud Rehab Postling Hear Loss	N/A
92700	Unlisted Otorhinolaryngological Ser	N/A

**EPSDT Hearing Aid Codes Authorized by the Service Authorization Contractor/KePRO**

- Other professional/evaluation services are reimbursed using CPT codes 92551-92700
- Hearing Aid-Related services such as fitting, dispensation, supplies and ear molds do not require authorization

PA Service type (used to request service type)	Procedure Codes	Procedure Code Definition
0092 EPSDT Specialized Services - Hearing Aids and Related Devices	V5014	Repair/Modification Of Hearing Aid
	V5030	Hearing Aid, Monaural, Body Worn, Air Conduction
	V5040	Hearing Aid, Monaural, Body Worn, Bone Conduction
	V5050	Hearing Aid, Monaural, In The Ear (Ite)
	V5060	Hearing Aid, Monaural, Behind The Ear (Bte)
	V5070	Glasses, Air Conduction
	V5080	Glasses, Bone Conduction
	V5095	Semi-Implantable Middle Ear Hearing
	V5100	Hearing Aid, Bilateral, Body Worn
	V5120	Binaural, Body
	V5130	Hearing Aid, Binaural, Ite
	V5140	Hearing Aid, Binaural, Bte
	V5150	Binaural, Glasses
	V5170	Hearing Aid, Cros, In The Ear
	V5180	Hearing Aid, Cros, Behind The Ear
	V5210	Hearing Aid, Bicros, In The Ear
	V5220	Hearing Aid, Bicros, Behind The Ear
	V5242	Hearing Aid, Analog, Monaural, Cic (Completely In The Ear Canal)
	V5243	Hearing Aid, Analog, Monaural, Itc (In The Canal)
	V5244	Hearing Aid / Digitally Programmable Analog / Monaural / CIC
	V5245	Hearing Aid / Digitally Programmable Analog / Monaural / ITC (Canal)
	V5246	Hearing Aid / Digitally Programmable Analog / Monaural / ITE (In-the-Ear)
	V5247	Hearing Aid / Digitally Programmable Analog / Monaural / BTE (Behind-the-Ear)
	V5248	Hearing Aid, Analog, Binaural, Cic
	V5249	Hearing Aid, Analog, Binaural, Itc
	V5250	Hearing Aid / Digitally Programmable / Analog /Binaural /CIC (Completely in Canal)
	V5251	Hearing Aid / Digitally Programmable / Analog /Binaural /ITC (Canal)

PA Service type (used to request service type) cont.	Procedure Codes	Procedure Code Definition
0092 EPSDT Specialized Services - Hearing Aids and Related Devices	V5252	Hearing Aid / Digitally Programmable / Analog /Binaural /ITE (In-the-Ear)
	V5253	Hearing Aid / Digitally Programmable / Analog /Binaural /BTE(Behind-the Ear)
	V5254	Hearing Aid, Digital, Monaural, Cic
	V5255	Hearing Aid, Digital, Monaural, Itc
	V5256	Hearing Aid, Digital, Monaural, Ite
	V5257	Hearing Aid, Digital Monaural Bte
	V5258	Hearing Aid, Digital, Binaural, Cic
	V5259	Hearing Aid, Digital, Binaural, Itc
	V5260	Hearing Aid, Digital, Binaural, Ite
	V5261	Hearing Aid, Digital, Binaural, Bte
	V5264	Ear Mold/ Insert, Not Disposable, Any Type
	V5266	Battery For Use In Hearing Device
	V5267	Hearing Aid Supplies
	V5273	Assistive Listening Device Cochlear Implant Type
	V5274	Assistive Listening Device (Not Otherwise Classified)
	V5281	Assistive Listening Device, FM system, Monaural
	V5282	Assistive Listening Device, FM system, Binaural
	V5283	Assistive Listening Device, FM /DM Neck, loop induction receiver
	V5284	Assistive Listening Device, FM /DM, ear level receiver
	V5285	Assistive Listening Device, FM /DM, direct audio input
	V5286	Assistive Listening Device, personal FM /DM blue tooth receiver
	V5287	Assistive Listening Device, personal FM /DM receiver, not otherwise classified
	V5288	Assistive Listening Device, personal FM /DM transmitter, assistive listening device
	V5289	Assistive Listening Device, Personal FM/DM Adapter/Boot coupling Device for receiver, any type
	V5290	Assistive Listening Device, Transmitter or Microphone, any type
	V5298	Hearing Aid, Not Otherwise Classifi
	V5299	Hearing Service, Miscellaneous